

ATLEE (W. L.) *Dr. J. J. Woodward*

Box

CORRECTION

*from
the Surgeon*

OF THE

ERRONEOUS STATEMENTS,

OF

HENRY H. SMITH, M. D.

PUBLISHED IN

THE MEDICAL EXAMINER, JAN'Y. 1855,

IN

RELATION TO A CASE OF GASTROTOMY,

WHICH

OCCURRED IN THE PRACTICE

OF

WASHINGTON L. ATLEE, M. D.

PHILADELPHIA:

FROM THE PRESS OF JAMES H. BRYSON.

M.DCCC.LV.

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TO THE MEMBERS
OF THE
MEDICAL PROFESSION.

THE following correspondence will explain itself. I regret the necessity of giving publicity to it,—but, having failed to procure the “*amende honorable*” in the pages of the Medical Examiner, where certain erroneous statements, herein referred to, were made by Doctor Henry H. Smith, I cannot think it improper to adopt this mode of bringing the whole correspondence before the profession. I regret it, because this could have been avoided by an open, candid, and prompt acknowledgment by Dr. Smith of having innocently promulgated errors. I regret it the more, because it places certain medical gentlemen in a position wholly incompatible with the elevated, liberal, and honorable spirit of our profession. But, as this is a position these gentlemen themselves have assumed, the responsibility, as well as the reproach, must rest upon them.

To save the trouble of referring to the pages of the Examiner, I have extracted the two concluding paragraphs of Dr. Smith’s communication, the last one of which contains the mis-statements in question. The whole paper, however, should be carefully read by the members of the profession, as it is open to severe criticism. *According to his own showing, there did not pre-exist in this case those characteristics of ovarian tumour, that could have warranted any attempt at an operation.* But this is not the time and place to prove, in Dr. Smith’s own language, as offensively applied by him to others, that he “must either have been deficient in opportunities of investigating and treating disease, or be wrapped in an impenetrable mantle of self-conceit.”

WASHINGTON L. ATLEE.

Philadelphia, April 26th, 1855.

EXTRACT FROM THE MEDICAL EXAMINER,
January, 1855, pp. 6 and 7.

"The failures which are due to errors of diagnosis are not rare. Lizars of Edinburg, in 1825, reported a case similar to the preceding one, the recti muscles being separated by the distension, the abdomen laid open, and yet no tumor found, owing, as he remarks, 'to the great obesity of the patient and the distended fulness of the intestines.' In a second case, the tumor could not be removed in consequence of the enlarged and adherent condition of the omentum. Dr. Bright also mentions a case in which after the abdomen was opened no tumor was found. Dieffenbach attempted the removal of an ovarian tumor, but after laying open the abdomen found a tumor connected to the vertebra, which contained vessels that pulsated with great force, and on being punctured gave rise to profuse hemorrhage and symptoms of intestinal strangulation, though the patient recovered. Dr. Dollhoff opened the abdominal cavity for the removal of a tumor, but after searching for it found none. Mr. South states that Jeaffreson, in his tables, reports 23 cases out of 74 in which the diagnosis was not sufficiently accurate to enable the surgeon to foresee the impracticability of carrying out his intentions. In 14 of these 23 there were adhesions to such an extent as to preclude removal, in three no tumor was found, and in six the tumor proved to be other than ovarian. Dr. Washington L. Atlee refers to 222 cases of ovariotomy, in six of which there was no tumor, or one in every 37 cases."

"Although these references show that the errors of diagnosis in abdominal or supposed ovarian tumors are not rare, there is, I fear, reason to think, that if all the errors had been published, the number would have been much augmented, two cases having come to my knowledge in which there was no tumor, though the operator was very explicit in stating the infallible signs of its existence prior to the operation. Where truth is stated and facts

multiplied by publication, a correct result must be obtained in any question, and it is to be hoped that no surgeon who feels justified in performing ovariotomy will hesitate in placing his operation on record for the benefit of the profession, no matter what may be the result. He who is not conscious of having made an error of diagnosis, must either have been deficient in opportunities of investigating and treating disease, or be wrapped in an impenetrable mantle of self conceit."

HENRY H. SMITH, M. D.

THE CORRESPONDENCE.

LETTER OF DR. ATLEE TO DR. SMITH.

Philadelphia, March 8th, 1855.

Dear Sir:—In the Jan. number of the Med. Ex. 1855, in the report of a case of Gastrotomy, p. 7, you speak of "two cases having come to your knowledge in which there was no tumor, though the operator was very explicit in stating the infallible signs of its existence prior to the operation." As I infer from your remarks, that these cases have never been published, will you please do me the favor of naming the operators, in order that I may be able to add these cases to my statistical table.

My anxiety and determination to record *all the facts* which are accessible in reference to this operation will, I hope, be a sufficient apology for thus troubling you.

Yours very respectfully,

WASHINGTON L. ATLEE.

To HENRY H. SMITH, M. D.

LETTER OF DR. SMITH TO DR. ATLEE.

Philadelphia, March 9, 1855.

Dr. Wash. L. Atlee, Dear Sir:—Your note of March 8th, in relation to my paper on Gastrotomy was received this morning.

If I had desired to name the operators in the cases to which you refer, I should certainly have done so in the Examiner; but agreeing with my informant that it would be improper to publish the details of cases which the attending surgeon had not reported,

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I did not do so then and must therefore now decline acceding to your request. I am respectfully yours,

HENRY H. SMITH.

DR. ATLEE TO DR. SMITH.

Philadelphia, March 10th, 1855.

Dear Sir:—I received your note in reply to mine of the 8th. I assure you that I have no intention of publishing the details of these cases, without the consent of the attending surgeon. My only object in asking the names of the operators was, that I might address them on the subject. I cannot conceive that the private mentioning of names under such circumstances would be either indelicate or improper, and in no instance, heretofore, [and several have occurred to me,] has such information been refused. Perhaps you would have no objection in referring me to your informant and thus enable me to reach the facts through him.

The operation of ovariotomy, as you are well aware, is yet an unsettled question, and I consider that no surgeon who has practiced it has a right to withhold the facts from the profession. So far as your own case is concerned your conduct is worthy of all praise. I most heartily agree with you that "where truth is stated and facts multiplied by publication, a correct result must be obtained in any question," and it is in order to arrive at such a result that I am thus urgent in soliciting information not placed before the public.

Should you upon re-consideration still "decline acceding to my request," will you please favor me with the assurance that the statement referred to was not intended to apply to me. My position with regard to this operation has led some members of the profession to receive such an impression from your remarks. Please, therefore, do me the justice to disavow such intention, and oblige

Yours truly,

WASHINGTON L. ATLEE.

To HENRY H. SMITH. M. D.

DR. SMITH TO DR. ATLEE.

Philadelphia, March 13th, 1855.

Dr. Wash. L. Atlee, Dear Sir:—Your note of the 10th ultimo

was duly received. Without agreeing with you in its sentiments, I have waited on Dr. Ludlow from whom the history of one case was obtained and have his permission to refer to him for the details. With the other case you had no connection.

I am respectfully and truly yours,

HENRY H. SMITH.

DR. ATLEE TO DR. LUDLOW.

Philadelphia, March 13th, 1855.

Dear Sir:—The January number, 1855, of the Medical Examiner, contains a report of a case of Gastrotomy by Dr. Smith, in which he says at page 7, that "two cases have come to his knowledge in which there was no tumor, though the operator was very explicit in stating the infallible signs of its existence prior to the operation."

Wishing to add these cases to my statistical table, I addressed a note to Dr. Smith requesting him to furnish me with the names of the operators. This he declined to do, but states that "the history of one case was obtained" from you, and in this case he clearly designates me as the operator, by further saying that "with the other case" I "had no connexion."

Will you please favor me with a note specifying the case coming within the meaning of the above paragraph, and therein alluded to, in which I acted as surgeon, and oblige

Yours respectfully,

WASHINGTON L. ATLEE,

To J. L. LUDLOW, M. D.

DR. LUDLOW TO DR. ATLEE.

Philadelphia, March 14th, 1855.

DR. ATLEE, Dear Sir:—I have just received your note of the 13th and hasten to reply. I can only refer you to Dr. H. H. Smith to interpret his own language in the paragraph you refer to in the January number of the Medical Examiner. The Doctor from his conversation with me reads the paragraph differently from yourself, and makes *ovarian* in the second line not only qualify the word *tumors* there, but also in the fifth line the word

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tumor. But I refer you to him in this matter. I am only connected with the history of the case he mentioned to you, as far as *ovarian* is concerned, and would mention the case of *Dianah Smallwood*, my patient upon whom you operated at the N. E. corner of 11th & Race, where you diagnosticated *ovarian tumor*, and was only corrected by the *operation*, when an enlarged and nodulated uterus compelled a closing of the wound and a stop to further proceedings. The details of this case have to my knowledge never been published, as I have the notes of it still among my papers.

Yours respectfully,

J. L. LUDLOW,

12th & Cherry.

DR. ATLEE TO DR. SMITH.

Philadelphia, March 14th, 1855.

Dear Sir:—I addressed your informant, Dr. Ludlow, and have his reply of this date. The whole tenor of his letter distinctly gives me to understand that he *did not* tell you there was *no tumor*, but that he told you there was *no ovarian tumor*. This, of course, is a matter between you and him.

He says, "I can only refer you to Dr. H. H. Smith to interpret his *own language* in the *paragraph* you refer to." I shall be very happy to receive a satisfactory explanation.

Yours truly,

WASHINGTON L. ATLEE.

To DR. H. H. SMITH.

DR. SMITH TO DR. ATLEE.

March 15th, 1855.

Dr. W. L. Atlee, Dear Sir:—Your note of the 14th is at hand. There is no discrepancy between Dr. Ludlow's statement to me, and the article to which you allude. The misapprehension is your own, and three medical friends to whom the paragraph has been submitted, agree that the sense is plain, and that the word "tumor" refers to *ovarian tumor*, (the subject under consideration,) as no man would operate except in a case of "supposed ovarian tumors," as stated in the paragraph. The point in question is

not as to the error of diagnosis, but whether *it was ever published*. Dr. Ludlow states that "*it was not*, as he had the notes," and my desire was, and is, to induce every operator to *publish* his errors. If you *have* published Dr. Ludlow's case, and will refer me to the article, I shall be most happy to ask Dr. Ludlow to correct his statement to me, or make such other corrections as the case demands. I have the honor to be your obedient servant,

HENRY H. SMITH.

DR. ATLEE TO DR. SMITH.

Philadelphia, March 15th, 1855.

Dear Sir:—I regret that your explanation is unsatisfactory. I may be dull of comprehension, and perhaps your assertion that "*the misapprehension is my own*," may be explained on that ground. However, let us see:—

1. You say "Lizars of Edinburgh, in 1825, reported a case similar to the preceding one," (*i. e.* your own case,) "the recti muscles being separated by the distention, the abdomen laid open, and yet *no tumor* found."

Does he mean a *tumor other than ovarian*?

2. You say "Dr. Bright also mentions a case in which after the abdomen was opened *no tumor* was found."

Does he mean a *tumor not ovarian*?

3. You say "Dr. Dolhoff opened the abdominal cavity for the removal of a *tumor*, but after searching for it, found *none*."

Does he mean that there *was a tumor* in the cavity, but *not ovarian*?

4. You say "In 14 of these 23 cases there were adhesions to such an extent as to preclude removal, in 3 *no tumor* was found, and in 6 the tumor proved to be *other than ovarian*."

How will your explanation overcome "*my misapprehension*," and cause me to believe that these 3 cases of *no tumor* are the same as the 6 cases which follow?

5. You say "Dr. Washington L. Atlee refers to 222 cases of ovariotomy, in 6 of which, there was *no tumor*."

Here I have a right to explain my own meaning, and that is, that by "*no tumor*" I mean the *non-existence of any tumor of any kind*.

Now, sir, have I misapprehended your meaning in any of the above instances, in which you use the expression of "no tumor," when I say that I understand it to mean *the non-existence of any tumor, whether ovarian or other kind?*

6. Now comes the explained paragraph. You say, "Although *these references*," (of course, those just stated,) "show that the errors of diagnosis in *abdominal* or *supposed* ovarian tumors," (*supposed*, but not existing,) "are not rare, there is, I fear, reason to think, that if *all the errors* had been published, the *number* would have been much augmented;" (*i. e.* such errors as above stated,) "two cases having came to my knowledge, in which there was *no tumor*, though the *operator* " (*Note, two cases and one operator,*) "was very explicit in stating the infallible signs of *its existence* prior to the *operation*."

Here again is the expression of "no tumor," and I cannot understand it to mean any thing different here than it does anywhere else. There is not a *single reference* given where *one form* of tumor was mistaken for *another*, showing clearly that the above references were *selected* because they applied to *your own case*. These references were stated to show that *others had erred* in the same way you had, and the other "two cases" of "no tumor," were brought forward for the *same object*. In this there can be no "misapprehension."

There is one point, however, which would add strength to the position you take in your note of to-day. It is this:—Will the explanation apply to *both cases*? There seems to have been but *one "operator;"* yet you say with one case I "had no connexion." Now it appears to me the only way by which you can substantiate your *sincerity* in offering the explanation of to-day, is to *prove* that "the other case" can be explained in the same way; and that proof should embrace the *name* of the operator, or of your informant, the *residence* of the patient, the *diagnosis*, and the *result*.*

"The point in question" is *not* in regard to the publication. That question I intend to take up when the more important question is definitely settled. I repeat my assurance that I shall be very happy to receive a *satisfactory* explanation, or, if that be impossible, a *candid* acknowledgment of having been placed by

*Note.

you before the profession in a false position, such acknowledgment to be circulated as widely as has been the report of your case.

Yours truly,

WASHINGTON L. ATLEE.

To DR. H. H. SMITH.

DR. SMITH TO DR. ATLEE.

March 16th, 1855.

Dr. W. L. Atlee, Dear Sir:—Your note of the 15th is at hand. Having already explained my *meaning* in the paragraph alluded to, and given you my authority, I have nothing to add to my former notes.

When satisfied that I was mis-informed by Dr. ^uLudlow, I will cheerfully correct my statement in the Examiner. The question is, therefore, between you and him, and until this is settled, I shall decline further correspondence.

I am respectfully yours,

HENRY H. SMITH.

DR. ATLEE TO DR. LUDLOW.

Phila., March 16th, 1855.

Dear Sir:—I have just received a note from Dr. Smith in reply to my note of yesterday. He says “when satisfied that I was misinformed by Dr. Ludlow, I will cheerfully correct my statement in the Examiner. The question is therefore between you and him, and until this is settled, I shall decline further correspondence.”

The accompanying note, dated March 14th, was written on the day of its date, but upon second thought was detained. I now send it, and am ready to substantiate every point in it.

As I have been placed in a false position before the profession upon your authority, I hope you will see the propriety of correcting the information upon which such a statement in the Examiner was made.

Yours respectfully,

WASHINGTON L. ATLEE.

To J. L. LUDLOW, M. D.

(Note above referred to.)

DR. ATLEE TO DR. LUDLOW.

Phila., March 14th, 1855.

Dear Sir:—I thank you for your note of to-day. You are, however, in error in stating that I “diagnosticated ovarian Tumour.” I examined Dianah Smallwood April 1st., 1850, and made the following note of her case as soon as I returned home, as is my custom, and which entry in my diary I would be glad to show you:

“The examination was made hastily, and the impression was that there were two tumours, one in the left iliac region and the other in the right side of the pelvis. I was of opinion that they were not ovarian, but rather fibrous tumours of the uterus—the matter to be decided by an opening into the abdomen.”

A synopsis of this case you will find published in the “Medical News and Library,” for September, 1850, vol. 8, p. 77. Also in the “Transactions of the American Medical Association,” vol. 4, 1851, p. 306, No. 204 in my Table. And also in the same volume, p. 256, with the reason for not publishing it at length. I may add that it was also published in the Transactions of the Ohio State Medical Society.

I am glad the notes are still in your possession, as I feared they were lost. You know at the time the understanding was that you were to report the case, and that I repeatedly sent to you for your report, in order that I might publish it in connexion with other cases then ready for the press, but not getting it, the publication of my cases in detail, and in regular order, was necessarily suspended. I hope you will still prepare the case for publication, and to this end, as I have a full history of the examination and the operation, which was recorded on the days they occurred, they are at your service.

Very respectfully yours,

WASHINGTON L. ATLEE.

To J. L. LUDLOW, M. D.

DR. LUDLOW TO DR. ATLEE.

Phila., March 16th, 1855.

Dr. Atlee, Sir:—I have just received your note. If I had placed you in a *false* position before the profession I would most

willingly correct the error. That you (despite your note in your diary) did diagnosticate Ovarian Tumour I am willing to be sworn, in fact you made two examinations to satisfy yourself of the correctness of your diagnosis, and endeavored to instruct me in the process of diagnostinating such Ovarian Tumours, for I can assure you had I thought that your operation was to have been merely exploratory, you would never had my consent in so hazardous an undertaking upon any patient of mine.

As regards the publication or not of the case, in stating that it was not published I have only taken you at your word at the time, when you told me you would not publish it till you had the notes in detail, and as the subject did not possess as much interest to me as to yourself, I did not examine the subject any further to see whether you had changed your mind or not as I knew you had not the details of the case.

Dr. Spackman who was present at the operation understood distinctly that it was an ovarian tumour, and I must insist upon it, that you did diagnosticate it as such and so mentioned it to me.

I have neither the time or inclination to enter into any discussion upon this matter but what I have said I will maintain with due courtesy.

Yours, &c.,

J. L. LUDLOW,
12th and Cherry Sts.

DR. LUDLOW TO DR. ATLEE.

Phila., March 17th, 1855.

Dr. Atlee, Sir :—Upon examining your tables and the case to which you refer me, which you state to be that of D. Smallwood, I find in the “References” on the margin: *“Not yet published.” This is certainly very plain English. I had not your tables at hand when I wrote to you yesterday and therefore take this opportunity to refer you to your “References,” now that I have again examined them.

Yours, &c.,

J. L. LUDLOW.

* These words “not yet published,” under the “References,” on the margin of my Table refer to all cases not reported in full, nor indeed alluded to, in any Medical Journal, yet a synopsis of which is included in the Table for the very purpose of placing it before the profession. This must be apparent to every reader. [W. L. A.]

DR. LUDLOW TO DR. ATLEE.

Phila., March 17th, 1855.

Dr. Atlee, Sir:—I have just received a note from Dr. Spackman in reply to one of mine sent him yesterday. In justice to myself I send you a copy of it:

Dr. Ludlow, Dear Sir:—I certainly did understand from you when you invited me to be present at the operation, at the corner of Eleventh and Race, that Dr. Atlee was going to perform the operation for the removal of an Ovarian Tumour, and I must say that I never heard any remarks about the operation being merely exploratory, or that Dr. Atlee merely suspected a fibrous tumour of the uterus.

Very respectfully,

GEO. SPACKMAN.

Yours, &c.,

J. L. LUDLOW.

DR. LUDLOW TO DR. ATLEE.

Phila., March 20th, 1855.

Dr. Atlee, Sir:—Upon the receipt of your note as regards the nature of the tumour you thought of removing, I immediately addressed a note to Dr. W.m. Taylor, of Newark, N. J., and I subjoin a copy of his reply:

“*Dear Doctor:*—Your note of the 16th instant, reached me yesterday. The operation performed by Dr. Atlee upon the coloured woman, at the corner of Eleventh and Race, is distinctly remembered by me. On inviting me to be present you gave me to understand that Dr. Atlee intended to remove an ovarian tumour. At the operation I stood at the feet of the patient and assisted in controlling her limbs. *I recollect the surprise felt by myself, and exhibited by others, on learning by the operation that the tumour was uterine.*”

Yours, &c.,

J. L. LUDLOW.

P. S. I have no other object in sending you this than to show the general impression.

DR. ATLEE TO DR. SMITH.

Phila., March 29th, 1855.

Dear Sir:—I have deferred replying to your note of the 16th inst. until I could collect the necessary testimony to satisfy you that you were misinformed by Dr. Ludlow. This testimony I now have in my possession, and shall proceed to lay it before you.

Upon the receipt of your last note, I wrote to Dr. Ludlow, asking him to correct his statement to you. This he has declined to do. *He* says that I *diagnosticated ovarian tumour*. *I* say that I did *not*, but considered it to be *fibrous tumour of the uterus*. Of course, in a question of veracity between him and me *others must decide*. For this purpose, I now present the testimony, and I think you will find it of such a character that you cannot hesitate to fulfil the promise in your last note, and which is worded as follows:—"When satisfied that I was misinformed by Dr. Ludlow, I will cheerfully correct my statement in the Examiner."

In reading the copy of the enclosed letters, you will observe that not a single gentleman [not even those invited by Dr. Ludlow himself] supports his assertion that "I *diagnosticated ovarian tumor*." They say that *Dr. Ludlow told them* I was going to remove an *ovarian tumor*. This, *wholly unwarranted by me*, when taken in connexion with his singular conduct in reference to the publication of the case, and the subsequent insinuations in the *Examiner* of professional dishonesty on my part in not publishing it, when *he knew that he alone was guilty of suppressing its publication*, exhibits a deeply laid *scheme*, which *commenced with Dr. Ludlow previous to the operation*, which has been *maturing ever since*, and which he had fondly expected to *consummate*, through you, in the pages of the *Medical Examiner*.

You will perceive that I have gone to considerable trouble in procuring this testimony regarding my diagnosis—not that I think an error of diagnosis respecting the *character of the tumor* in the operation of *Gastrotomy* is of great importance—but because I was willing to meet your charges in all their aspects. If you will refer to volume 9. N. S. of the *American Journal of Medical Sciences*, April 1845, p. p. 323, 4 and 5, you will see my opinion fairly expressed on this subject, and my own errors of diagnosis severely criticized by myself.*

*The following is the criticism above referred to. The remarks were made in connection with the report of my second case.

"According to the diagnosis the case was considered ovarian tumor; and, during the excitement of the operation, a doubt of the correctness of this opinion did not arise. A close examination of the tumor afterwards, and a calm review of all the circumstances, led me to question the existence of ovarian disease: The peculiar form of the pedicle,—its vascular, fleshy, and resisting structure, entirely free from any fold of the broad ligament, free from any evidence of the Fallopian tube, and having an almost sessile union with the uterus; the uniform and fibrous structure of the tumor,—no fimbriæ or disintegrated ovary traceable within it, while the latter could not have become assimilated in structure, the disease not being malignant; the investment of the tumor being perfectly smooth and free from folds or shreds of membrane; and the tumor located upon the uterus as if stuck there—all induced me to doubt its ovarian character, and to consider it a fibrous tumor of the uterus. I am aware, however, that Bayle says that the developement of fibrous tumors of the uterus has not been noticed before the 30th year, although Ingleby thinks he has detected the disease in girls under the age of twenty. I am also aware that authors, in treating of fibrous tumors of the uterus, generally speak of them as occurring within its cavity; and that cases are reported of scirrhou, cartilaginous, and fibrous tumors of the ovary having been extirpated, and also of having been met with in examinations after death.

"While referring to the character of the tumor, I will take this occasion to observe, in regard to my first case, that I consider the title given to that tumor, of "Ovarian Cyst," physiologically incorrect. By a close examination of that cyst, I believe it originated, like the one on the opposite side, in the posterior fold of the broad ligament, below the ovary, and in expanding drew in the ovary, so as to cause it to constitute a portion of the upper walls of the cyst. If this be so, it cannot strictly be called an *ovarian* cyst. Does this not, therefore, account for the character of the fluid in that case, which differed so much from the ordinary fluid of ovarian dropsy? When the Graafian vesicles take on diseased action and become distended, is this not indicated by the fluid possessing those characters, greenish, grumous, soapy,

chocolate-like, &c., pathognomonic of ovarian dropsy? And when the fluid is clear, transparent, and serum-like, does it not indicate that the disease has been developed exterior to the Graafian vesicles, in the stroma or parenchymatous structure of the ovary, or, exterior to the ovary, in some of the reflections of the peritoneum? And when the tumor is multilocular, the several cysts containing different kinds of fluid, and exhibiting a compound character, does it not indicate a development of disease both in the Graafian vesicles and the stroma of the ovary? I merely throw out these queries as a hint to those physiologists who are now engaged in discussing this pathological question, not intending to pursue the inquiry here, as it has no bearing upon the surgical consideration of the question.

"The extension of gastrotomy to fibrous tumors of the uterus may, perhaps, be condemned. This case might have been reported one of ovarian tumor, if I had not preferred to relate things as they are. I pledge myself to the profession to treat this subject in all truth and candour, to falsify, omit, or withhold nothing, and to write down errors, if such there be, in honesty and without fear—taking censure when deserved. In the decision of a matter of such weight to humanity, personal sacrifices ought to be utterly disregarded. If this operation is to be established, it must be on *correct* statements; if it fail on such testimony, it fails justly, and forever. But if its establishment be attempted on *falsified* reports, and *withheld* facts, then human life must fall a sacrifice to personal and professional dishonesty, and the effort must necessarily die, covered with a mantle of human gore. Let the question, therefore, be met as it ought to be, and its history be a record of truth. I have acknowledged that the case was considered an enlargement of the right ovary, and this is the reason why I examined only the uterus and left ovary before closing the wound, believing the right one to have been extirpated. Proving to be a case of fibrous tumor of the uterus, it did not lessen the dangers of extirpation, as the same parts were involved, and the risks to the uterus and of hemorrhage increased. This, therefore, was an error of diagnosis. Should such errors of diagnosis, as occurred in this and my first case, militate aught against the operation? I think not. For whether it be the right or left ovary, or whether it be an ovary or uterine tumor, provided the

case can be clearly diagnosticated as fit for gastrotomy, as these cases were, it could not affect the result. And the result is the great object after all. For should we start out to extirpate the right ovary, and end by cutting off the left, or, instead of amputating neither, we excise a uterine tumor, it in no material way varies or magnifies the operation, nor affects the result. This case, therefore, may be of essential service by proving that ovariotomy is not the only form of gastrotomy worthy of consideration, and calls in question the position assumed by the British writers; that the impossibility of knowing beforehand the *exact* condition of the organs, which it is proposed to extirpate, forms one of the strongest arguments against the operation. Fibrous tumors, growing from the peritoneal surface of the uterus, sometimes reach to an enormous size, and, from their solid character, are likely to impede the functions of adjacent organs more than an ovarian cyst. Indeed, death has even been produced by injuries to the viscera, interposed between the enlargement and the parietes of the abdomen. The same circumstances, likewise, calling for extirpation of the ovaries, obtain here, and the removal of such tumors must be equally legitimate."—*American Journal Medical Sciences.*

[W. L. A.]

This "operation was placed on record" in 4 different places, all specified in my letter to Dr. Ludlow. And if you refer to the "Medical News" for September 1850, p. 77, you will find that I expected to send the report of it, with others, to the Jan. number of the American Journal for 1851.* The reason it was not published in detail, at that time, is stated in the Transactions of the American Medical Association, Vol. 4, p. 256.†

I flatter myself that I have now *nailed to the counter* all the charges stated in the Examiner, as well as their interpretations.

1. "*Two cases of no tumor.*" This position you have abandoned yourself, by stating that you meant "no ovarian tumor." Whatever may have been your meaning, the sentence cannot bear such interpretation, however forced. The profession certainly would not insult your scholarship by reading it in such a sense. Besides, it may be well for you to know, that you are not the only person that Dr. Ludlow gave to understand that *there was no tumor at all.*

* See Note C in the Appendix.

† See Note B in the Appendix.

2. "The operator was very explicit in stating the infallible signs of its existence prior to the operation." The result proved that the diagnosis was correct—*there was a tumor.*

3. Or read it, as you have interpreted it:—"Two cases having come to my knowledge in which there was no 'ovarian' tumor, though the operator, &c. &c." Those present emphatically prove such an assertion untrue.

4. "It is to be hoped that no surgeon who feels justified in performing ovariotomy will hesitate in placing his operation on record." Such an insinuation recoils upon your informant after the exposure of his machinations.

5. "Wrapped in an impenetrable mantle of self-conceit"!!!

Yours truly,

WASHINGTON L. ATLEE.

To HENRY H. SMITH, M. D.

THE TESTIMONY.

The following is a copy of letters received from gentlemen present at the operation, and sent with the foregoing note to Dr. Smith.

DR. LUDLOW'S TESTIMONY.

1. *Dr. Spackman's letter to Dr. Ludlow.*

"*Dr. Ludlow, Dear Sir:*—I certainly did understand from *you* when you invited me to be present at the operation at the corner of 11th & Race, that Dr. Atlee was going to perform the operation for the removal of an *ovarian* tumor, and I must say that I never heard any remark about the operation being merely exploratory, or that Dr. Atlee suspected a fibrous tumor of the uterus.

Very respectfully,

GEORGE SPACKMAN."

2. *Dr. Wm. Taylor's letter to Dr. Ludlow.*

"*Dear Doctor:*—Your note of the 16th instant reached me yesterday. The operation performed by Dr. Atlee, upon the colored woman at the corner of 11th & Race, is distinctly remembered by me. On inviting me to be present, *you* gave me to understand that Dr. Atlee intended to remove an *ovarian* tumor. At the operation, I stood at the feet of the patient and assisted in controlling her lower limbs. I recollect the surprise felt by myself and exhibited by others on learning by the operation that the tumor was uterine.

W.M. TAYLOR."

DR. ATLEE'S TESTIMONY.

1. *Dr. Spackman's letter to Dr. Atlee.*

"*Dear Doctor:*—In reply to your note I can only say, that I remember being present at the operation you performed on the

black woman, 11th & Race. *I do not think you gave your opinion that the case was positively a case of ovarian tumor before you opened the abdomen.* I recollect that you found the uterus enlarged and no tumor. I cannot recollect any thing more at present.

Your friend,

GEORGE SPACKMAN."

2. Dr. Wm. Taylor's letter to Dr. Atlee.

"Dr. Atlee, Dear Sir:—Your request that I should inform you what I understood *you* to say previous to commencing the operation, at the corner of Race & 11th streets, I would cheerfully comply with, had I arrived in time to have heard it. What I said to Dr. Ludlow was written not as to a personal friend, but was the whole truth as far as I was concerned. It was in the expectation of witnessing the removal of an ovarian tumor that I went to the house, and *not hearing you express YOUR opinion*, I could not fail to be disappointed.

Yours truly,

W.M. TAYLOR."

3. Dr. Drysdale's letter to Dr. Atlee.

"Dear Sir:—In your note of yesterday you ask me to state what I remember concerning the diagnosis, operation, and existence of a tumor in the case of a colored woman on whom you operated April 13th, 1850.

In regard to the diagnosis, such a long period of time has elapsed since the operation that some of the facts may have faded from my memory, but what I can recollect is this: Before you commenced the operation you made a statement to the gentlemen present to this effect: *That the case was an obscure one; you considered the tumor to be solid and fibrous; that you did not believe it to be ovarian, but uterine; that the operation would be exploratory; that you thought the tumor could not be removed, but if it could with ordinary safety you would remove it.*

In regard to the operation I can quote from my notes of the case:—

While under the influence of the chloroform she was in a cataleptic condition. The incision extended from the umbilicus

to the pubis. When the abdomen was opened the intestines were forced out by the rigid contraction of the abdominal muscles. A peritoneal sac was opened, and finally the tumor, which proved to be an enlarged uterus, was brought in view. After drawing the tumor forward and examining it by placing the finger in the vagina, &c., it was returned, and with some difficulty [on account of the rigidity of the abdominal muscles] the wound was closed.

How any man, having the use of his eyes, and present at the operation, could doubt the existence of a tumor in the above case I cannot imagine. Fully believing it to have been a uterine tumor, I remain

Yours respectfully,

T. M. DRYSDALE.

P. S. Your statement concerning the diagnosis was made *before* the operation was commenced, as is your *invariable custom*."

4. Dr. Parry's letter to Dr. Atlee.

"To W. L. Atlee, M. D., Dear Sir:—Yours of the 15th is at hand, and I presume that you can judge of my surprise at such a statement, better than I can describe it. I should not have supposed that any person present on the occasion alluded to could have thought for one moment that there was "*no tumor*" in that case.

I was present at the operation on the colored woman, at the north-east corner of Eleventh and Race streets, on the 13th of April, 1850, by invitation, (as has been my good fortune on many other occasions,) and you now ask me to state what I remember of the case, which I will endeavor to do according to the best recollection I have of it.

You came down to the room in which a number of medical gentlemen were waiting, and (*as is your usual practice*,) stated to us that you had previously carefully examined the case, but that the *diagnosis was not very clear*, that you did not consider the case *ovarian*, but rather a *fibrous tumour of the uterus*, and that the *question could only be decided by opening the abdomen*; and that you had made a fair statement of the case to the patient, carefully pointing out the uncertainty of the *result*; and that she had there been

left to her choice whether to undergo the operation or not, and she had chosen to have the operation undertaken. This has been your habit in every important operation I have ever witnessed under your hand; that is, you make a statement of the case to the medical gentlemen present before going into the operating room, and of having previously informed your patient of the nature of the disease, and also of the uncertainty of the result, and left the patient to make the choice without your further persuasion.

You then took two or three of your friends to the room to assist you to arrange the patient on the table, after which the rest of the medical gentlemen present were invited in, and the anaesthetic mixture administered. Then, for the first time, I saw (as I thought) a cataleptic condition of the patient produced by the anaesthetic mixture, which however passed off after a few minutes duration, and you proceeded to open the abdomen, and during the operation there was a protrusion of the bowels which somewhat embarrassed the progress. This was the only case, that I recollect to have ever witnessed, in which the anaesthetic mixture was used, that there was any difficulty from a protrusion of any of the abdominal viscera. Upon opening the abdomen you found a nodular tumour involving, or arising in the walls of the uterus. There were either two or three of those large nodules projecting from the sides of the tumour which so involved the uterus that it appeared impossible to remove the tumour without the uterus. There was also a small hydatid attached to a very slender pedicle four or five inches long which was removed.

The foregoing is all that I remember of the case which appears to me to be of any importance, and I presume that others who were present may remember further particulars of the case. I remain with respect,

Yours, &c.,

ELY PARRY."

5. *Dr. Evan's letter to Dr. Atlee:—*

"Professor Washington L. Atlee, Dear Sir:—Pray excuse my tardiness in answering your note. The delay was unavoidable.

You ask what I remember of the operation performed by you upon the colored woman at the corner of Eleventh and Race

streets, in April, 1850. My recollections of the case are not so distinct as I could wish, but I think you stated explicitly that the diagnosis was obscure, that you supposed the tumor to be uterine, and nothing but an operation could reveal with certainty, its true character.

The operation was safely and dexterously performed. The result was a verification of the diagnosis. The tumor could not be removed. Please accept this hasty sketch of my impressions of the case referred to. I am sorry it is not more satisfactory.

Very respectfully, yours, &c.,

ROBT. T. EVANS, JR."

6. *Dr. Hulshizer's letter to Dr. Atlee:*

"Dr. W. L. Atlee:—Yours of the 17th inst. was just received. I have not the Examiner to refer to the article on Gastrotomy in it by Dr. Smith, but from your statement of the case of the colored woman referred to by him, I can most confidently contradict his statement as to there being no tumour found on opening the abdomen.

I cannot recall to mind your statement as to the character of a tumor existing. The tumour was, on opening the abdomen, found to be uterine.

Your friend and pupil,

B. F. HULSHIZER."

7. *Dr. Schaffner's letter to Dr. Atlee:*

"Dear Doctor:—In reply to yours of the 17th, I will state that I was present at your operation of Gastrotomy on the colored woman, corner of Eleventh and Race streets. I distinctly recollect the circumstances of the case, having set up with her several nights, besides I have notes of the case.

You mentioned before operating that you were by no means certain of your diagnosis, though sufficiently so to warrant your operating. If, therefore, this case is alluded to in the Medical Examiner by Dr. Smith, he was misinformed. The case proved to be fibrous tumor of the uterus, (as you stated it might be,) and the patient recovered in a very short time. I remain, Doctor,

Respectfully yours, &c.,

J. F. SCHAFFNER."

6. *Dr. J. L. Atlee's letter to Dr. W. L. Atlee:*

"Dear Uncle:—In regard to the case you speak of, viz : Dianah Smallwood, I recollect very distinctly all that passed in relation to it.

Before you engaged in the operation, you gave, as always was your custom, your opinion of the case, and stated that the diagnosis was not clear, that you did not consider the case ovarian, but rather fibrous tumor of the uterus, and that the question would only be decided by opening the abdomen.

The abdomen was opened, the tumor was found to be uterine, and was not removed.

We kept notes of the case, how she was progressing, &c.—These notes Dr. Ludlow would take possession of daily, in order to draw up a report of the case.

At your request I called on Dr. Ludlow for the report of the case, and that repeatedly.

When I first called he promised to have the report ready soon.—When I again called he put me off in the same manner. Another time he could not clearly read the notes, but promised to have it ready before long. And another time, when you sent me for the notes that you might draw up a report of the case yourself, he could not find them. After this I never called on him, for it was very evident, he did not wish you to report the case—why, I do not know.

The above is a true statement of the case so far as I recollect. There was a tumor within the uterus and every one present at the time saw it.

Your affectionate Nephew,

JOHN L. ATLEE."

To DR. WASHINGTON L. ATLEE.

After sending a copy of the above letters to Dr. Smith I received the following note. [W. L. A.]

DR. SMITH TO DR. ATLEE.

March 31st, 1855.

“Dr. W. L. Atlee, Dear Sir:—Your note of March 26th, with documents was duly received. I am satisfied therewith and shall ask Dr. Hollingsworth to make the proper correction in the paragraph.*

Respectfully yours,

HENRY H. SMITH.”

DR. ATLEE TO DR. SMITH.

Phila., April 2d, 1855.

Dear Sir:—I received your note of the 31st ultimo. I rejoice at the prospect of having this unpleasant controversy settled.

Yours truly,

WASHINGTON L. ATLEE.

To HENRY H. SMITH, M. D.

[Communications for the Examiner must be received *before* the 16th of the month, or they cannot appear in the forthcoming number. The following note I received three days *after*. [W. L. A.]

DR. SMITH TO DR. ATLEE.

“Dear Sir:—Dr. Hollingsworth declines publishing any reclamation, seeing nothing in the paragraph that can be regarded by its readers as specially applicable to any individual.

Respectfully yours,

HENRY H. SMITH.

April 19th, 1855.

DR. W. L. ATLEE.”

DR. ATLEE TO DR. SMITH.

Philadelphia, April 21, 1855.

Dear Sir:—I acknowledge the receipt of your note of the 19th instant.

The moral obligation of correcting the statement rests *alone*

* Dr. Hollingsworth is the Editor of the *Medical Examiner*. [W. L. A.]

with you, and not with Dr. Hollingsworth,—the publication having been over your own name, and not editorial.

The “readers” of the Examiner have “regarded the paragraph as specially applicable to” me. It was so intended, as acknowledged by yourself.

You have admitted that you have placed me in a *false position* before the profession, and that you are now “*satisfied*” that, in doing so, you “*were misinformed by Dr. Ludlow*.”

You have presented to the profession *as facts*, what have been proved, to your own satisfaction, to be mere *fabrizations*; and as every contributor to a scientific journal is expected, and can claim it as a right, to correct his errors, I cannot believe that the editor of the Examiner will refuse the privilege to any of his correspondents of correcting, over his own name, a mis-statement he may have innocently promulgated. My desire has been, and still is, to afford you the opportunity of making an honorable reparation, and of publicly correcting the statement *yourself*. Will you do it?

Yours truly,

WASHINGTON L. ATLEE,
418 Arch St.

To HENRY H. SMITH, M. D.

DR. SMITH TO DR. ATLEE.

Dr. Atlee, Dear Sir:—Yours of April 21st is received. By calling on Dr. Hollingsworth you can learn his reasons for closing the columns of the Examiner. Respectfully yours,

HENRY H. SMITH.

DR. ATLEE TO DR. SMITH.

Philadelphia, April 24th, 1855.

Dear Sir:—I received your note, without date, this evening. Our correspondence must here close, and I shall adopt such method of giving publicity to it, as will place this transaction in its true light before the profession.

Yours respectfully,

WASHINGTON L. ATLEE,
418 Arch St.

To HENRY H. SMITH, M. D.

APPENDIX.

NOTE A.

Since the above letter was written, and indeed after the correspondence between Dr. Smith and myself had terminated, I ascertained that the *other case* referred to by him was really a case of *no tumor*. I do not wish to bring another gentleman's name into this controversy, but I can name the operator alluded to by Dr. Smith, and I can positively assert that the "*interpretation*" will not apply in this instance, *as there was no tumor of any kind* I defy contradiction. Comment is unnecessary.* [W. L. A.]

NOTE B.

The following extract from the Report of the Standing Committee on Surgery, made May 7th, 1851, is here referred to:—
["A letter from Dr. Atlee, of May 3d, announces the recovery of the patient. The notes of this case were placed in the hands of the physician in whose practice it occurred, but who has neglected to prepare it for publication. He writes, however, that the health of the patient had much improved since the operation.—*Reporter of the Committee.*"] [W. L. A.]

NOTE C.

Extract from my communication, dated August 20th, 1850, to the Medical News above referred to:—

"I hope to be able to send you the reports of the eight last cases, in time for the January number of the American Journal for 1851."

Five of my cases had previously been published in detail in the American Medical Journal, and the 6th, 7th, 8th, 9th, 10th, 12th and 13th cases were written out ready for the press. The report of the 11th case, that of the colored woman, was to have been drawn up by Dr. Ludlow, and, on the faith of his promise, I expected to publish all of them at the time specified. Not getting his report, and failing, also, in getting the notes in his possession to enable me to prepare it myself, the publication of these cases in detail and in regular order, was necessarily suspended. [W. L. A.]

* The above note has reference to paragraph 4th, page 10.

In addition to the foregoing correspondence, it will not be improper to give an account of the case, the erroneous allusion to which originated this unpleasant controversy. I can only do this in part. The history of the case before I became connected with it, and the clinical observations after the operation, I am forced to omit, both being in the possession of Dr. Ludlow. I have, however, a record of the examination, the diagnosis, and the operation, made at the time, and a copy of this record I now present to the profession as the most perfect report I can offer them, and, although necessarily imperfect, it is accurate so far as it goes:—

D. S. colored woman, unmarried, aged 41 years, a patient of Dr. J. L. Ludlow. Examined her in company with him. In the left iliac region there was a hard tumor, about the size of the double fist, moveable to a point beyond the linea alba, and very sensitive to the touch. The pelvis, on the right side, was filled with an equally hard tumor, which could be elevated and depressed. The brim of the pelvis, also, seemed to be occupied by the tumor. The os uteri was thrown towards the left and the cervix appeared to be in a healthy condition. The sound passed two inches into the uterus, and when moved it did not seem to communicate motion to the tumor in the pelvis, nor did the tumor, on being moved, appear to distract the sound more than could be accounted for by its contact.

The examination was made hastily, and the impression was that there were two tumors, one in the left iliac region, and the other in the right side of the pelvis. I was of opinion that they were not ovarian, but rather fibrous tumors of the uterus—the matter to be decided by an opening into the abdomen.

Afterwards I received a note from Dr. Ludlow saying that "the patient we saw together yesterday is ready at any time for the operation, and the sooner I think it is done the better, as her sister-in-law does not expect to be confined before August. I hope by that time she will be up and well. Can we not appoint some day the close of next week? I will however take the notes you requested as soon as possible, and be prepared at any time."

Accordingly I fixed upon Saturday, the 13th of April for the operation, requesting that her bowels might be relieved by castor

oil on the evening of the 11th, and that no solid food should be taken afterward. On the 12th I called to see her, and found her not in the most favorable condition for the operation. Her pulse was over 100, tongue coated with a dense, harsh, white fur, abdomen tympanitic, and its lower part very sensitive to pressure.

April 13th, 1850. Doctors E. A. Atlee, Grant,* Parry, and Messrs. Drysdale, Evans, J. L. Atlee, Schaffner, Hulshizer, and Agnew, medical students, were present by my invitation; and Doctors Spackman, and two Doctors Taylor by Doctor Ludlow's invitation. Dr. Grant was selected as my principal assistant, and the administration of the anaesthetic mixture was to be under the charge of Dr. Ludlow.

Before proceeding with the operation I distinctly stated my diagnosis to the medical gentlemen assembled in another room, and then left them to place the patient on the operating table. All arrangements having been completed, the patient commenced inhaling the chloroform mixture, after which the other gentlemen being introduced into the patient's room, the operation was commenced about 11½ A. M. An incision commencing about two inches below the umbilicus was carried down to the pubis. Afterward this incision was extended to the umbilicus. The parietes of the abdomen were thick in consequence of great muscular development, and the peritoneum itself seemed thickened and vascular. Upon opening it a large quantity of straw colored serum escaped, after which it was slit open to the extent of the external wound, when immediately the intestines escaped with considerable force. Most of the small intestines and the descending colon were expelled. They were not forced out in consequence of vomiting or retching, but by cataleptic contractions of the strong abdominal muscles, and which nothing could restrain. The tumor, after some delay arising from the embarrassment caused by the intestines, was dislocated from its bed and brought out and examined. It was plain that it consisted of fibrous masses imbedded in, and arising from the walls of the uterus, the fallopian tubes and ovaries being quite apparent and natural in size. At this stage of the operation I introduced my finger into the vagina, and felt the os and cervix uteri distinctly, the tumor appearing to be developed in the posterior superior portion of the body of the

* Dr. E. A. Atlee and Prof. W. P. Grant are both deceased.

uterus. The tumor was now replaced as being improper to be removed.

We now endeavored to return the large mass of intestines, which attempt was exceedingly difficult in consequence of the cataleptic rigidity of the abdominal muscles. This was finally accomplished by seizing the sides of the incision with the hands, and drawing the walls forcibly out, at the same time that the intestines were pressed in by portions. By this means they were finally returned, although it required a long time, and a great deal of trouble and manipulation. While the intestines were outside the cavity, a hydatid, about the size of a large grape and beautifully transparent, with a long pedicle, was picked off from the peritoneum, to which it was attached. I now returned the bowels in place with my open hand pressing upon them, while Dr. Grant inserted the needles in the lower part of the wound, gradually slipping away my hand as he progressed with the needles until it was completely and safely closed. The anæsthesia was maintained until this was finished. Adhesive strips, wet compress, and bandage, completed the dressing.

The cataleptic condition seemed to have been excited by the chloroform, but still it acted beautifully, as there was not the slightest indication of pain. Afterwards on questioning the patient whether she experienced pain during the operation, she asked "what operation?" evidently having been unconscious of having undergone it. The pulse was maintained during the operation, and was the same afterwards as before.

After suffering considerably from irritability of stomach and colicky pains she recovered.

The extract from the American Medical Journal, commencing on p. 16, has been placed in the body of the Correspondence through an error of the Printer. It should have appeared in the Appendix. [W. L. A.]

